

NATIONAL ANIMAL IDENTIFICATION SYSTEM

PREMISES REGISTRATION FORM

Business/Farm Account Information:

Email Address:

| Business/Farm Name: i.e. John Do | e; JD Farms | | | | |
|------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------|--|--|--|
| Primary Contact: John First Name | P | | | | |
| Secondary Contact: Jane (*Optional) First Name | | | | | |
| Business/Farm Mailing Address: | 123 Main Street | | | | |
| City: Montgomery State: | AL Zip: _36123 | County: <u>Montgomery</u> | | | |
| Phone Number:334-123-4567 | ext (_X Busin | ess HomeCell Fax Pager) | | | |
| Phone Number: | ext (Busin | ness Home Cell Fax Pager) | | | |
| Phone Number: | ext (Busin | ess Home Cell Fax Pager) | | | |
| Business Type:* _X Individual Par (*check one) Limited Liability I | 1 1 | • • | | | |
| Operation Type:* X Producer Unit/Far (*check all that apply) —Non-producer PartSlaughter Plant | icipantPort of EntryQua | · · · · · · · · · · · · · · · · · · · | | | |
| Business Account Login Information: User Name:JOHNDOE Password:3341234567 | | | | | |
| Recovery Question: What is your moth Recovery Answer:Smith | | s made available to you over the internet | | | |
| Producer/Contact Signature: | | · | | | |
| Authorized Agent* (*to be completed by authorized agents only) | | | | | |
| Agent Name: | | Date: | | | |
| Agent Organization: | | Account No.: | | | |

(Contact information will not be sold or given out by NAIS without your prior written consent)

ID No.:

| Busines | ss/Farm Name: | <u> </u> | | | |
|-----------------------------------------------|---------------------------------------------------------------------------|-------------------------------|----------------------|----------------|----------------------|
| Premises Informat | ion: | | | | |
| (Primary lacation where live | stock resides, if more than one lac | cation and animals are manage | ed separately, apply | for multiple p | remises ID's) |
| Premises name/descri | ption:Home | Place | (exam | ple "home pla | ce", "heifer place") |
| Premises Address: Ch | neck if same as business/f | farm account mailing a | nddress X | | |
| OR (if not the same as b | ousiness/farm mailing address) | | | | |
| Premises Address: | | | | | |
| City: | State: | Zip: | Cou | nty: | |
| (*check all that apply) _ | X_Producer Unit/Farm _Non-producer Participar _Slaughter plantTagg | tPort of Entry | | | |
| 1 | X_Cattle and Bison Deer and ElkL | | _X_Goats | Horses | _X_Poultry |
| Legal Land Description | on:* | | | | |
| (*required if no address) | | Range | | Section | |
| GEO Coordinates:* (*optional) | Latutude: | Longi | tude: | | |
| Additional Premise | es Information: | | | | |
| | | | | | |
| Premises name/descri | ption: | | | | |
| Premises Address: | | | | | |
| City: | State: | Zip: | (| County: | |
| (*check all that apply) _ | _Producer Unit/Farm _ _Non-producer Participar _Slaughter plantTagg | tPort of Entry | • | | - |
| - | Cattle and Bison Deer and ElkL | - | GoatsH | Iorses] | Poultry |
| Legal Land Descripti(*required if no address) | on:* Township | Range | | Section | |
| GEO Coordinates:* (*optional) | Latutude: | Longi | tude: | | |
| Return for | ms to: | For questions, | contact: | | |
| Alabama | Dept. of Agriculture | Premises ID su | pport | | |

Alabama Dept. of Agriculture Attn: Premises Registration PO Box 3336

Montgomery, AL 36109 Fax: 334/240-7198 Email: animalid.premises@agi.alabama.gov

Phone 334/240-7253